

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006674

FILED
Mar 23, 2009
Secretary of State

Entity Name: E. D. ETNYRE & CO.

Current Principal Place of Business:

1333 S. DAYSVILLE ROAD
OREGON, IL 61061

New Principal Place of Business:

Current Mailing Address:

1333 S. DAYSVILLE ROAD
OREGON, IL 61061

New Mailing Address:

FEI Number: 36-3732020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, SUSAN
Address: 1333 S. DAYSVILLE ROAD
City-St-Zip: OREGON, IL 61061

Title: D () Delete
Name: ETNYRE, DONALD R
Address: 1333 SOUTH DAYSVILLE RD
City-St-Zip: OREGON, IL 61061

Title: P () Delete
Name: BROWN, THOMAS R
Address: 1333 S. DAYSVILLE ROAD
City-St-Zip: OREGON, IL 61061

Title: T () Delete
Name: ETNYRE, ROGER L
Address: 1333 SOUTH DAYSVILLE RD
City-St-Zip: OREGON, IL 61061

Title: D () Delete
Name: PLOCH, GREG
Address: 1333 S DAYSVILLE ROAD
City-St-Zip: OREGON, IL 61061

Title: S () Delete
Name: ENGEL, SHARON B
Address: 1333 S. DAYSVILLE RD
City-St-Zip: OREGON, IL 61061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON B. ENGEL

Electronic Signature of Signing Officer or Director

SCTY

03/23/2009

_____ Date